

The Journal of the Institute of Medical Ethics

The *Journal of Medical Ethics* was established in 1975, with a multidisciplinary editorial board, to promote the study of contemporary medico-moral problems. The editorial board has as its aims the encouragement of a high academic standard for this developing subject and the influencing of the quality of both professional and public discussion. The journal is published quarterly and includes papers on all aspects of medical ethics, analyses ethical concepts and theories and features case conferences and comment on clinical practice. It also contains book reviews.

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Papers submitted for publication should be sent in quadruplicate to: The Editor, *Journal of Medical Ethics*, 151 Great Portland Street, London W1N 5PB. Rejected manuscripts are not returned unless accompanied by a stamped addressed envelope, or international reply coupon. Papers should be in double-spaced typewriting on one side of the paper only. A total word count is appreciated. On a separate sheet some brief biographical details should be supplied, including the title of the author's present post, degrees and/or professional qualifications, (if any) and any other relevant information.

Four copies of the journal will be sent to authors free of charge after their papers are published. Offprints of individual papers may be bought from Professional and Scientific Publications, Tavistock House East, Tavistock Square, London WC1H 9JR.

In March 1981 the *JME* adopted a simplified 'Vancouver style' for references: details are given in various issues, including December 1986. They are also available from the editorial office. The full text of the 'Vancouver Agreement' was published in the *British Medical Journal* in 1982; volume 284; 1766-70. As the 'Vancouver style' is incompatible with the long established style of references for legal articles, lawyers should use their own standard style, but try to facilitate reference by others. The journal is multidisciplinary and papers should be in clear jargon-free English, accessible to any intelligent reader.

Notice to subscribers

The *Journal of Medical Ethics* is published quarterly. The annual subscription rates are £38.00 in the United Kingdom and Irish Republic, and £53.00 in all countries overseas. US direct \$85.00. Payment for overseas subscriptions should be made in sterling, payable to Professional and Scientific Publications/JME A/c. Orders can also be placed locally with any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders, with or without payment, can also be sent to: Professional and Scientific Publications, *British Medical Journal*, Box No 560B, Kennebunkport, Maine 04046. All enquiries, however, must be addressed to the publisher in London). All enquiries regarding air mail rates, single copies, advertisements, etc, should be sent to: Professional and Scientific Publications, Tavistock House East, Tavistock Square, London WC1H 9JR.

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Thematic review and index

The thematic review of past issues appears in the June issue each year and an index to each volume appears in the December issue.

- of AIDS had been reported by February 1988. It estimates that between five and ten million people are infected with HIV. Connor S, Kingman S. AIDS cases set to grow fifteen-fold. *New scientist* 1988; 1641:23-24. Scientific advisers have told the British Government to expect between 10,000 and 30,000 cases of AIDS by 1992. This means that the problem could be fifteen times greater in four years.
- (2) Some of the legal issues are discussed in Kirby M. AIDS legislation – turning up the heat? *Journal of medical ethics* 1986; 12:187-194. Some social issues are covered in Mohr R. AIDS, gays, and state coercion. *Bioethics* 1987; 1:35-50. See also Almond B, ed. *AIDS: a moral issue*. London: Macmillan, forthcoming 1989.
 - (3) The most well-known exponent of the two principles contemporaneously is, of course, J S Mill, in his *On liberty* and *Utilitarianism*. Many efforts have been made to find a consistent position in Mill. A good survey is Strasser M. Mill and the utility of liberty. *Philosophical quarterly* 1984; 34:63-68. See especially Gray J. *Mill on liberty: a defence*. London: Routledge and Kegan Paul, 1983.
 - (4) The names I have attached to each problem are not intended to favour either the liberal or the utilitarian perspective. They are merely those most commonly used to demarcate the sphere of discussion. Nor am I to be interpreted as claiming that any 'real' liberal or utilitarian must advocate the positions in the text. The positions as well as the cases are simplified to bring out the main point of my argument.
 - (5) One must be clear as to the distinction between HIV (the Human Immunodeficiency Virus) and full-blown AIDS (Acquired Immune Deficiency Syndrome). The ethical implications of any particular case may well depend on this distinction.
 - (6) I argue the case for non-reductionism in Quality of life in health care. In: Gillett G, ed. *Medicine and moral reasoning*. Oxford: Oxford University Press, forthcoming 1989.
 - (7) See Berlin I. Two concepts of liberty. In: *Four concepts of liberty*. Oxford: Oxford University Press, 1979; Taylor C. The diversity of goods. In: Sen A, Williams B, eds. *Utilitarianism and beyond*. Cambridge: Cambridge University Press, 1982.
 - (8) See Strasser M. Mill and the right to remain uninformed. *Journal of medicine and philosophy* 1986; 11,3:265-278.
 - (9) See Gillett G. AIDS and confidentiality. *Journal of applied philosophy*. 1987; 4,1:15-20. Reprinted in Almond B, ed. See reference (2).
 - (10) Gillon R. Testing for HIV without permission. *British medical journal* 1987; 294: 821-823.
 - (11) The analogy is an ancient one. It is considered by Plato (see for example *Republic*, 331e1-334b6); and adopted by Aristotle (see for example *Nicomachean ethics* VI.1, 1138b21-32).
 - (12) *Nicomachean ethics* II.9, 1109b21-23; VI.8, 1142a23-30.
 - (13) *Nicomachean ethics* II.1, 1103a31-b2; VI.8, 1142a11-20; VI.11, 1143b6-14; X.9, 1181a19-b12. See also McDowell J. Are moral requirements hypothetical imperatives? *Proceedings of the Aristotelian Society*, supplementary vol 1978; 52:13-29. Virtue and reason. *The monist* 1979; 62,3:331-350. The role of *eudaimonia* in Aristotle's ethics. In: Rorty A, ed. *Essays on Aristotle's ethics*. Berkeley and Los Angeles: University of California Press, 1980. Aesthetic value, objectivity, and the fabric of the world. In: Schaper E, ed. *Pleasure, preference and value*. Cambridge: Cambridge University Press, 1983.
 - (14) I discuss the ethical training of those who treat the terminally ill in A good death: who best to bring it? *Bioethics* 1987; 1,1:74-79.

News and notes

Society for Health and Human Values Meeting

The Society for Health and Human Values is pleased to announce that its 1989 annual meeting will take place October 26-29, 1989 in Washington, DC. For further information about the meeting, contact

John Moskop, PhD, Department of Medical Humanities, East Carolina University School of Medicine, Greenville, North Carolina 27858-4354, telephone: (919) 551-2797.

- (19) Richards T. Don't tell me on a Friday. *British medical journal* 1986; 292:943.
- (20) Hume K. AIDS: a Judeo-Christian approach. *Australian family physician* 1986; 15:13-16.
- (21) Ross M W. *Psychovenerology: personality and lifestyle factors in sexually transmitted diseases in homosexual men*. New York: Praeger, 1986.
- (22) Eglitzky B. The gay deceivers. *Weekend Australian*, 1986; Mar 8-9:14.
- (23) Anonymous. Intolerance, 1980s style. *British medical journal* 1985; 291:1745-1746.
- (24) Dickerson J W T. Ethical problems in the advancement of medical technology. *Journal of the Royal Society of Health* 1988; 108:86-89.
- (25) Koch M G. *AIDS-var framtid?* Stockholm: Swedish Carnegie Institute, 1985.
- (26) Kopelman L. The punishment concept of disease. In: Pierce C, Van DeVeer D, eds. *AIDS, ethics and public policy*. Belmont: Wadsworth, 1988, 49-55.
- (27) Ross J W. Ethics and the language of AIDS. In: Pierce C, Van DeVeer D, eds. *AIDS, ethics and public policy*. Belmont: Wadsworth, 1988.
- (28) Humphreys R A L. *Tearoom trade: a study of impersonal sex in public places*. London: Duckworth, 1970.
- (29) Forstein M. The psychosocial impact of the Acquired Immune Deficiency Syndrome. *Seminars in oncology* 1984; 11:77-82.
- (30) Cassens B J. Social consequences of the Acquired Immune Deficiency Syndrome. *Annals of internal medicine* 1985; 103:768-771.
- (31) Hirsch D A, Enlow R W. The effects of the Acquired Immune Deficiency Syndrome on gay lifestyle and the gay individual. *Annals of the New York Academy of Sciences* 1984; 437:273-282.
- (32) Ross M W, Cameron A S. Epidemiology of AIDS retrovirus in South Australia. *Medical journal of Australia* 1986; 144:614-615.
- (33) Shilts R. *And the band played on: politics, people and the AIDS epidemic*. New York: St Martin's Press, 1988.
- (34) Curson P H. *Times of crisis: epidemics in Sydney 1788-1900*. Sydney: Sydney University Press, 1985.
- (35) Kamin L J. *The science and politics of IQ*. Harmondsworth: Penguin, 1974.
- (36) Ross M W. The relationship of perceived societal hostility, conformity, and psychological adjustment in homosexual men. *Journal of homosexuality* 1978; 4:157-168.
- (37) Frances R J, Wikstrom T, Alcena V. Contracting AIDS as a means of committing suicide. *American journal of psychiatry* 1985; 142:656.
- (38) Korcok M. AIDS hysteria: a contagious side effect. *Canadian medical association journal* 1985; 133:1241-1248.
- (39) Miller D. Psychology, AIDS, ARC and PGL. In: Miller D, Weber J, Green J, eds. *The management of AIDS patients*. London: Macmillan, 1986: 131-149.
- (40) Nichols S E. The social climate when the Acquired Immune Deficiency Syndrome developed. In: Nichols S E, Ostrow D G, eds. *Psychiatric implications of the Acquired Immune Deficiency Syndrome*. Washington DC: American Psychiatric Press, 1984:85-92.
- (41) Viola L A, Barrison I G, Coleman J C *et al*. Natural history of liver disease in chronic hepatitis B surface antigen carriers: a survey of 100 patients from Great Britain. *Lancet* 1981; 2:1156-1159.
- (42) Weller I. Viral hepatitis. *British medical journal* 1984; 288:47-49.
- (43) Centers for Disease Control. Safety of therapeutic immune globulin preparations with respect to transmission of HTLV-III infection. *Morbidity and mortality weekly reports* 1986; 35:231-233.
- (44) Baird P J. Serological evidence for the association of Papilloma Virus and cervical neoplasia. *Lancet* 1983; 2:17-18.
- (45) Black D. *The plague years: a chronicle of AIDS, the epidemic of our time*. London: Picador, 1986.

News and notes

Effectiveness, Efficiency – and Ethics?

A conference on medical ethics, will be held at the University of Warwick on Wednesday 5th July and will run from 9.30 am until 4.30 pm.

For further information please contact: Mrs Moya Melville, Department of Continuing Education, University of Warwick, Coventry CV4 7AL.

prescription off the pad with a flourish, a signal both of us recognised as the end of the consultation. He took it, got up and walked out.

After he left the room I brooded. Why do I feel more comfortable about treating as opposed to testing without full, informed consent?

What might happen in the intervening days? Would

he be more agreeable to being tested on his return? I will have to wait and see.

Dr Simon Lundy MRCGP OPM (SA) is a General Practitioner and Editorial Associate of the Journal of Medical Ethics.

(Continued from page 89)

- (2) British Medical Association. *Annual report of council*. London: BMA, 1987–88:31.
- (3) British Medical Association. *GMSC annual report 1986*. London: BMA, 1986: appendix 11:31.
- (4) This is my interpretation based on the evidence presented to the proceedings in the High Court of Justice, Queens Bench Division, Divisional Court. In the matter of the Medical Act 1983 – (Dr R D Colman v GMC) 1988 Jul.
- (5) Correspondence. Self referral to consultants. *British medical journal* 1988; 296:861 and 1067.
- (6) British Medical Association. *The handbook of medical ethics*. London: BMA, 1986:16.
- (7) Kerries P. [editorial]. *The practitioner* 1989 Feb 8. In this editorial Dr Kerries says: 'The profession's negotiators successfully thwarted any move for patients to see their own medical records except those kept on computer file'.
- (8) Government Green Paper, Discussion Document. *Primary health care: an agenda for discussion*. London: HMSO, 1986.
- (9) Government White Paper. *Promoting better health*. London: HMSO, 1987.
- (10) Welford R. Why your patients may leave you. *Medeconomics* 1988; 9,5:33–37.
- (11) See reference (7) :72.
- (12) Cogger N. Affidavit, High Court of Justice. Queen's Bench Division. In the matter of the Medical Act 1983. 1987 Jan 11.
- (13) *The British code of advertising practice*. Brook House, Tormentor Place, London WC1E 7HN. Parts A, B and C.
- (14) *The IBA code of advertising standards and practice*. 70 Brompton Rd, London SW3 1EY: IBA, 1987: Appendix 3: 359–360.
- (15) Judgement. High Court of Justice, Queens Bench Division, Divisional Court. In the matter of the medical act 1983 – (Dr R D Colman v GMC) 1988 Nov 25.
- (16) Mill J S. On Liberty. London: J M Dent & Sons Ltd, 1948: 151–152.
- (17) Gillon R. Paternalism and medical ethics. *British medical journal* 1985; 290:1971–1972.
- (18) Gillon R. Where respect for autonomy is not the answer. *British medical journal* 1986; 292:48–49.

News and notes

Research fellowships 1990–91

Applications are invited for the Tennent Caledonian and Royal Bank of Scotland research fellowships for the academic session 1990–91.

The fellowships are intended primarily, though not exclusively, for philosophers and political theorists on study leave from their own universities or colleges. Appointment is normally for one term and the fellowship carries a travel allowance, accommodation in St Andrews and a room in the Department of Moral Philosophy, and access to word-processing facilities. Further details are

available from the Director, Dr John Haldane, Centre for Philosophy and Public Affairs, University of St Andrews.

Applications, including a cv, a short statement of research intentions or plans, and an indication of the term during which the fellowship would be held should be submitted no later than 15 November 1989 (though early applications are welcome) to: The Director of Personnel Services, College Gate, University of St Andrews, North Street, St Andrews, Fife KY16 9AJ, Scotland, UK.

Thematic review of past issues

Volumes 1–15/2

(April 1975–June 1989 inclusive)

As a service to our readers we publish annually, a compilation under thematic headings of articles which have appeared in the journal since its inception in April 1975. Although we already publish at the end of each volume (December issue) an index for that volume it is felt that such a list allows new readers and researchers to see at a glance the range of topics covered so far. Our aim is to show the main themes covered.

However, next year we will begin a new indexing system which will combine the Thematic Review and the index for each volume. We hope this will prove to be much more useful to readers than our present system.

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D J West
Main article: Violence: a summary
Conor Cruise O'Brien

1989/90 Competition in medical ethics: £100 prize

Read the case-history below and incorporate answers to the questions in your entry.

Case-history

During your morning general practice surgery a 50-year-old woman sees you, complaining of some mild clumsiness and of worsening memory. In the course of your examination of her mental abilities you find some slight evidence of memory difficulty. You take a sample of blood for a number of basic investigations. Towards the end of the consultation she tells you that she is frightened that these symptoms are due to Huntington's chorea. She then tells you that her father, and his mother both died in their fifties from this disease. The rest of her family do not know of the occurrence of Huntington's in her relatives. She insists that you do not tell them and also forbids you to let them know of her present concerns.

Later that morning this woman's daughter sees you to discuss coming off the contraceptive pill as she and her husband wish to conceive a child. During the course of the consultation she tells you that her younger sister, who is a patient of another general practice, is also thinking of starting a family.

Questions to be considered

What do you say to the daughter?

How do you reconcile your desires to respect the mother's confidences, to give the daughter information of importance to her decision about conceiving a child, and to fulfil your duty of care to both patients?

Do you have responsibilities to both daughters? If so how should you implement your responsibility to the younger daughter?

Should you use some of the blood taken from the mother for genetic testing on the grounds that you may be able then to find out whether the daughter carries the Huntington gene?

Do the mother's memory difficulties affect your decisions?

Note: Huntington's chorea is a fatal disease characterised by progressive odd movements and memory difficulties. It is a genetic disease – the child of someone with the disease has a 50 per cent chance of developing it. Symptoms do not normally develop until middle age. It is now possible to tell whether someone will develop the disease as long as blood is available from several family members which in this case would require blood from the 50-year-old woman.

Dr Anthony Hope
Editorial Associate, JME

Entries should be not longer than 3500 words and not shorter than 1500 words including references and any suitable form may be chosen, for example essay, case analysis, dialogue, or case conference (real or imaginary). One entry may be the work of any number of people.

Entries will be judged mainly by the quality of the arguments supporting whatever positions are put forward in the light of relevant counterarguments to those positions. Manifest awareness of the relevance of different perspectives will be one of the criteria for judging the entries.

Eligibility

The competition is open to all but may be of particular interest to students and those in professional training.

Prize

The winning entry will be published in the journal and in addition the winner will receive a cash prize of £100. The judges reserve the right not to award a prize if no entry is of a sufficient standard.

Entry

Entrants should send five copies, typed double-spaced, with total word count noted, to: **The Editor, *Journal of Medical Ethics*, Institute of Medical Ethics, 11-13 Cavendish Square, London W1M 0AN.** The name and address of each contributor, on a separate sheet, should be given. Entries should arrive by February 5, 1990.

patients. He claims that 'all we need to know is that if we manage the patient on the assumption that this diagnosis is correct, the patient will do better than if any other diagnosis is assumed' (p 41). Macartney's discussion explains the essential process of generating and testing diagnostic hypotheses but he boldly admits 'our only therapeutic objective is to make the sick patient better, so this may or may not include "naming" the disease' (p 35). However, I did wonder in reading this analysis of diagnosis how the doctor is to handle this uncertainty with the patient? Does the manner of handling diagnostic uncertainty influence patient recovery? The principle of parsimony requires that *Logic in Medicine* not address all the practical queries arising from the theory but questions of doctor-patient communication and the ethics of truthfulness emerge as unavoidable in an enterprise that is as hypothetical as medicine. If precise diagnosis is neither necessary nor possible in many cases, how does the doctor answer the patient who pointedly asks: What is wrong with me? Is it good therapy to communicate uncertainty in diagnosis? Is it justifiable to give an impression of greater certainty in diagnosis than is warranted by the evidence? This chapter deserves careful reading to do justice to the distinctions of when more or less precise diagnosis is necessary.

A subsequent chapter by Doctor Knill-Jones continues the theme of

diagnostic logic but with detailed attention to dyspepsia, a common condition where diagnostic uncertainty is high. The author displays a weighting system for symptoms which can be devised given some carefully collected data. Skills in doctor-patient communication are presupposed in this chapter as well since the weighting of symptoms relies on relevant patient responses to particular questions. Alan Maynard makes explicit the connection between economic theory and ethics in his analysis of allocating medical resources. Maynard minces few words. 'Inefficiency is unethical. If patients are not to be deprived of care from which they could benefit, doctors must make evaluation and efficiency the priorities that dominate their practices' (p 81). Maynard concludes his well-argued paper by calling for the introduction of economics into the medical school curriculum. One can already hear groans from medical educators about the burdens of an already overcrowded curriculum but it would be a pity if the groans put an end to the urgency of Maynard's reasoning. He deserves a read. Doctors who look for more in-put into decision-making on health priorities may need to earn this participation by acquiring appropriate skills.

Finally, the chapter on fundamental ethical principles argues that three principles are fundamental to the ethics of health care: respect for persons,

justice and beneficence. Ian Thompson makes clear that he is claiming only that these three principles are basic in a formal sense. How we view these principles in practice and apply them in some rank order will depend on our culture and experience. Thompson's article will not satisfy those who look for universal agreement or consensus at the level of practice precisely because persons or groups differ in the criteria used for interpreting, applying and justifying these three principles and other principles derived from them. The consensus at the level of formal principles is not merely semantic, however. If Thompson is right about a high degree of universal consensus at the level of general principles, he alerts philosophers that they may be the culprits in sustaining a conviction that agreement in ethics is a chimera. Thompson claims parenthetically that philosophers 'have a vested interest in keeping a free market economy in moral systems going'. Using this small throw-away remark, I would guess that Thompson could competently write a best-seller!

Reading *Logic in Medicine* will be a sound investment of time if one values the importance of reflective method and reasoned procedure in the doing of medicine.

DOLORES DOOLEY

Dept of Philosophy

University College, Cork, Ireland

News and notes

Master's degree

The University of Pittsburgh has announced its new Masters Degree Program in Medical Ethics. All enquiries and requests for application materials should be made to: Kenneth F Schaffner MD PhD, Director of MA in Medical Ethics Program, Department of History and Philosophy of Science, 1017 Cathedral of Learning, University of Pittsburgh, PA 15260, USA. Telephone: [412] 624-5896. The deadline for late application for admission is August 15. Late applicants should be aware that the 1989-90 class may already have been filled by that time.

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Medical groups associated with the
Institute of Medical Ethics have been
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and symposia on issues raised by the
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other disciplines. Although these
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The Institute of Medical Ethics is a centre for research, education and information. It is financed by grants from charitable bodies, government sources and members' subscriptions.

It was established as the Society for the Study of Medical Ethics, and is an independent, non-partisan organisation for the multidisciplinary study of medico-moral issues raised by the practice of medicine.

The institute aims to influence the quality of both professional and public discussion of medico-moral questions; to promote the study of medical ethics; to ensure a high academic standard for this developing subject; to encourage a multidisciplinary approach to discussion of the consequences of clinical practice; to stimulate research in specific problems, and to remain non-partisan and independent of all interest groups and lobbies.

The institute undertakes research on medico-moral questions, sponsors a major educational programme and provides an information service for members.

Two reports, *The Ethics of Resource Allocation in Health Care* by Kenneth Boyd and *Dilemmas of Dying* by Ian Thompson, were published, by the Edinburgh University Press, a few years ago.

In 1986 two more reports were published. One, on the ethics of clinical research investigations on children, *Medical Research with Children: Ethics, Law and Practice* by Richard Nicholson was published by the Oxford University Press and *Life Before Birth – the Search for a Consensus on Abortion and the Treatment of Infertility* by Kenneth Boyd, Brendan Callaghan and Edward Shotter, was published by SPCK. The *Pond Report on Teaching Medical Ethics*, a summary of which appeared in the IME Bulletin, was published in full in 1987.

The institute derives from the London Medical Group, a student group for the study of issues raised by the practice of medicine which, since 1963, has arranged a comprehensive programme of lectures and symposia on medico-moral issues raised by the practice of medicine. Similar groups associated with the institute have been established in university teaching hospitals at Aberdeen, Birmingham, Bristol, Cambridge, Cardiff, Dundee, Edinburgh, Glasgow, Leeds, Leicester, Liverpool, Manchester, Newcastle, Oxford, Sheffield and

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